PROMOTING
HEALTHY
STUDENTS:

A GUIDE FOR
SCHOOL HEALTH ADVISORY BOARDS

Revised
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Virginia Department of Education

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The publication may be obtained by contacting: Office of Student Services, Virginia Department of Education, P.O. Box 2120, Richmond, VA 23218-2120. An electronic format may be obtained by logging on to the Virginia Department of Education's School Health Advisory Board Web site at http://www.doe.virginia.gov/VDOE/studentsrvcs/shab.shtml.

Virginia Department of Education
Division of Special Education and Student Services
Web site: www.doe.virginia.gov/VDOE/sess

FOREWORD

Research literature documents a direct link between the health of young people and school success. There are also links between implementation of coordinated school health program components and student success in schools. Cooperative partnerships among schools, parents, and community groups can enhance a student's ability to lead a healthy and productive life. Each of these partners has a critical role to play. They contribute unique strategies and resources that promote a positive impact on the behaviors of children and youth. However, the coordination of these efforts requires interacting and planning toward common goals. School health advisory boards (SHAB) serve as the catalyst for systemic changes in school divisions for promoting student health which directly impacts educational outcomes.

INTRODUCTION

Background

The promotion and protection of the health of students and the well-being of staff members has been a historic and ongoing task of schools across the nation and in Virginia. In the early 1990s, a Governor's Task Force on Child Health was formed. The Task Force recommended that the secretaries of education and health and human resources work together to encourage school divisions to increase the schools' role in improving the health of children in the Commonwealth. The 1992 General Assembly amended and re-enacted §22.1-275.1 of the *Code of Virginia* to require each school division to have a school health advisory board in place by December 1992. In 1999, the *Code* was further amended to suggest that local school boards request from the local school health advisory board recommendations on procedures related to children with acute or chronic illnesses or conditions, and designation of school personnel to implement the appropriate emergency procedures.

In order for students to take full advantage of the Commonwealth's standards-based educational programs, they must be healthy. (e.g., Marx, Wooley, & Northrop, 1998). For more than a decade school divisions have utilized school health advisory boards to help foster family and community support in developing and implementing coordinated school health programs. These programs include health instruction; healthy school environment; school health services; school counseling, psychological and social services; prevention services; physical education; school nutrition services; and health promotion for staff members. This publication is a resource to help local school health advisory boards integrate these health program components into the academic structure of their schools for the benefit and well-being of all students.

Local school health advisory boards are organized to include no more than 20 members, with a broad base of representation including parents, students, health professionals, and educators. Many boards have included representatives from community agencies, the local school board, business and industry, child advocacy groups, volunteer health agencies, the school division staff, and institutions of higher education. Each board is required to meet at least semiannually and to report annually on the status and needs of student health in the school division, to any interested school, the local school board, the Virginia Department of Education, and the Virginia Department of Health. School health advisory boards should use a variety of local data from parents, students, and community agencies to set priorities and program objectives.

Purpose of the Guide

This document is designed to assist school division leadership and community members in continuing to meet the requirements of § 22.1-275.1 of the *Code of Virginia* for sustaining and empowering their school health advisory boards. This manual is designed to provide practical guidance in developing effective board practices and procedures for examining components of local coordinated school health programs, reviewing relevant school health policies, and making well-informed recommendations for change to specific schools, school division staff members, and the local school board.

OPERATIONS OF A SCHOOL HEALTH ADVISORY BOARD

Description of a School Health Advisory Board

The school health advisory board **(SHAB)** is composed of individuals from broad-based segments of the community who are committed to creating healthy school environments so students may realize their learning potential. They act as advisors to the local school board and are appointed by the board for varying lengths of time.

The SHAB is charged to act collectively to advise the school division on broad topics or on specific aspects of the coordinated school health program. Areas of concern include, but are not limited to, mental health, school nutrition, health education, health services, physical education, staff wellness, school climate, dropout prevention, school safety, violence prevention, drug and alcohol prevention, and family life education. If the school health advisory board chooses to use subcommittees, these may serve as a research resource for program development.

School health advisory boards play an integral part in the successful implementation of community school reform initiatives, including components of coordinated school health programs. It is important to emphasize that school health advisory boards are formed to provide guidance and to serve as advocates for school health concerns. These boards are not part of the administrative structure of the school, nor do the boards have any legal responsibilities within the school division.

Section 22.1-275.1 of the *Code of Virginia* states:

> **School health advisory board.** Each school board shall establish a school health advisory board of no more than twenty members which shall consist of broad-based community representation including, but not limited to, parents, students, health professionals, educators, and others. The school health advisory board shall assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services.
>
> The school health advisory board shall hold meetings at least semi-annually and shall annually report on the status and needs of student health in the school division to any relevant school, the school board, the Virginia Department of Health, and the Virginia Department of Education.

The local school board may request that the school health advisory board recommend to the local school board procedures relating to children with acute or chronic illnesses or conditions, including, but not limited to, appropriate emergency procedures for any life-threatening conditions and designation of school personnel to implement the appropriate emergency procedures. The procedures relating to children with acute or chronic illnesses or conditions shall be developed with due consideration of the size and staffing of the schools within the jurisdiction. (1990, c. 315; 1992, c. 174; 1999, c. 570.)

Functions of a School Health Advisory Board

School health advisory board members facilitate understanding and cooperation among those interested in developing and improving the local school health program. In addition to their overall purpose of guiding and supporting coordinated school health programs, school health advisory boards perform many other functions including:

Visibility for Coordinated School Health: An active school health advisory board provides visibility for coordinated school health within the school division and community. An active board should communicate to school personnel and community members a message of concern for the health of children and staff. In an era when schools have many complex and diverse goals to accomplish, the school health advisory board can serve as a reminder that health is important for academic achievement and efficient school operations.

Parent and Community Involvement: A school health advisory board can promote parent, citizen, and professional involvement in the schools. A well-organized advisory board provides an opportunity for participation by parents in activities and decisions influencing the lives of their children. It also serves as a mechanism for involvement by other community members, including those from business, religious organizations, civic groups, human service agencies, law enforcement, city council members, or county supervisors.

Advocacy for Coordinated School Health: The school health advisory board can conduct or facilitate activities that bring attention to the benefits of high-quality coordinated school health programming. Such activities often generate further support and momentum for a coordinated school health program. Perhaps of equal importance to the group's work are the individual acts by current and former board members that cause others to become aware of the important role of each component of the coordinated school health program.

Forum for Health Issues: Often there are health issues affecting students and school staff members that need a specific place in the community for discussion, decision-making, and planning. Occasionally, these issues are controversial and require the opportunity for the presentation and consideration of different points

of view. The school health advisory board can provide a positive environment for constructive reviews of issues through its meetings, subcommittee structure, and representatives.

***Recruitment of Community Health Resources*:** The identification of needs in the coordinated school health program may require the participation of multiple community health resources. The school health advisory board can coordinate the involvement of individuals and agencies for a specific need in the school division.

Facilitate Understanding of Schools and Communities: Participation in school health advisory board activities provides opportunities for parents and other community members to gain further insight into the life of schools. Similarly, it allows school personnel to learn more about the varied backgrounds and points of view within the community.

Public Relations: In addition to advocacy-related activities, many school health advisory boards function as an effective public relations extension of the school division. Informing the community and school personnel about aspects of the coordinated school health program can enhance the image of the school division. The involvement of media representatives and influential community decision-makers within the school health advisory board is an effective way of implementing this public relations function.

Facilitate Innovation: The school health advisory board can become an advocate for introducing new health program components in the school community. Through their advisory role, members can share special interests or approaches to components of the coordinated school health program with school personnel. In some situations, the school health advisory board may become the major supporter of change within the school division. Using this group as a sounding board for new approaches can be a valuable step in bringing school health issues to local or other decision-makers.

School Division Personnel Responsibilities in Supporting the Work of School Health Advisory Boards

Implementation of successful coordinated school health programs can begin with the schools, the school division, or the school health advisory boards. Regardless of where ideas originate, the support of the school division is critical for successful review and implementation of recommendations for change. The school health advisory board is dependent on the leadership and support of the school division for maintaining its effectiveness as an advisory board. To strengthen the effectiveness of school health advisory boards, school division personnel should consider the following supportive actions:

- Promote the *Coordinated School Health Model*. (http://www.cdc.gov/healthyyouth/CSHP/)
- Strengthen the communication channels among the school health advisory board, school division personnel, the school board, and the community.
- Encourage school health advisory board members to increase their understanding of the existing coordinated school health programs and policies so that they may be strong advocates.
- Work with the school health advisory board to identify the general functions and areas of concern that need attention by the board, including a working definition of coordinated school health programming that is standard to all within the school division.
- Identify potential members (no more than 20) for the school health advisory board, the membership selection process, the length of terms, and the potential categories of membership. Appoint members to the local board and acknowledge the value of their contributions.
- Designate a school division administrator to serve as the primary contact for school health advisory board activities.
- Recognize and utilize the support of the school health advisory board in improving the coordinated school health program within the school division.

Guidelines for Recruiting Members

The following steps can be used to select and appoint members to the school health advisory board:

1. School health advisory boards may have up to 20 members. Members should be selected based on the following criteria:

   Interest and Involvement in Youth-Related Activities: Individuals with recent involvement in activities to help children and adolescents.

   Awareness of Community: A general understanding of the cultural, political, geographic, and economic structure of the community.

   Professional Abilities: Individuals with professional training in a youth or health -related field, such as individuals employed in human service agencies. However, training and agency affiliation do not predict the value of the individual to school health advisory board activities.

Willingness to Devote Time: No matter what the person's qualifications and interest in youth, it is best to determine an individual's willingness to make time for the school health advisory board.

Representative of Population: The composition of the School Health Advisory Board should reflect the community based on age, sex, race, income, geography, politics, ethnicity, and religion. Careful selection can enrich the level of discussion, the credibility of the group in reflecting the views of the community, and the acceptance of proposed activities.

Respectability: The credibility of the school health advisory board is enhanced considerably by the personal characteristics of its members. Individual characteristics, such as honesty, trustworthiness, dependability, commitment, participation, and ethics, all contribute to the character of the school health advisory board.

2. The executive committee of the school health advisory board, a small, diverse group of three to five concerned individuals, should consider future members for each membership category from the following list:

Community

- Business/Industry
- Volunteer health agencies
- Community services boards
- Churches/Synagogues
- Public agencies
- Civic and service organizations
- Colleges/Universities
- Attorneys and Law Enforcement Officials
- Community youth groups
- Local government officials

Health Professionals

- Medical
- Dental
- Mental Health
- Public Health (Dept. of Health)
- Prevention Specialist
- Substance Abuse Specialist

Parents/Parent Groups

- Parent of a school-aged child
- PTA representative
- Resource center representative
- Parent of a medically fragile student

School Environment

- Student
- School health director/coordinator
- Health supervisor/coordinator
- School nurse (RN)
- Safe and Drug-Free School (SDFS) coordinator
- School resource officer
- School counselor
- Food Services (School Nutrition)
- Staff Wellness Coordinator
- School Social Worker
- Principals (elementary, middle, secondary)
- Teachers (elementary, middle, secondary; health, physical education, science; teachers of children with disabilities; Family Life Education Teacher)
- Custodian
- Transportation Coordinator
- Audiologist
- Speech-Language pathologist
- School Psychologist
- Central Office Administrator
- Student Assistance Specialist

3. To protect the stability of the school health advisory board and to develop consistency in operations, new members should be assigned to staggered board terms of one, two, or three years.

4. The purpose of the school health advisory board, the board's general operational procedures, its current membership, and the time commitment expected should be explained prior to a potential member's first board meeting.

5. Confirm the new membership list with the school board representative. It is appropriate for the school superintendent or school board chair to send appointment letters to new members of the school health advisory board. The appointment letter could indicate appreciation for the person's willingness to participate on the school health advisory board, its purpose, the term of appointment, the frequency of meetings, the name of the school division contact person, and the school health advisory board chairperson.

6. It is recommended that all members receive a copy of this publication, an updated membership roster, and an announcement of the next meeting.

Characteristics of School Health Advisory Board Members

Individuals with the following characteristics are more likely to be successful school health advisory board members:

1. Perceives schools as being influential in the lives of students and staff.
2. Is concerned about the health of children and adolescents.
3. Believes school health advisory board actions can have a positive influence in the school and community.
4. Understands the general organization of the schools and community.
5. Possesses personal characteristics conducive to positive and productive school health advisory board meetings and activities.
6. Is willing and able to make the necessary time commitment.
7. Have leadership skills necessary to be an advocate for children and adolescent

Organizational Structure and Lines of Communication

School divisions may organize their school health advisory boards into a variety of structures, and the interaction between structures may differ within neighboring school divisions. School divisions must decide on the process by which the school health advisory board will operate. Such decisions will likely reflect certain philosophical views regarding personal involvement in routine meetings, perceptions of coordinated school health programs in improving academic achievement, perhaps the role of the media in addressing coordinated school health and other educational issues, or the role of community members in supporting school programs. Such variables may help explain why a school health advisory board structure might work differently in each division.

Care should be taken in determining the best structure and communications option for each school health advisory board. For example, in some Virginia communities the School Health Advisory Board also serves as the local Safe and Drug-Free School Communities Act (SDFSCA) Advisory Council and/or the Family Life Community Involvement Team. The Virginia Department of Education supports combining advisory boards when communities find it more efficient and effective. Regardless of the organizational structure, the process should promote realistic and practical operational procedures, and work in the best interest of the students.

Two common structures are prevalent. The first, shown in **FIGURE 1**, is a community-based structure including groups such as PTAs, voluntary health organizations, community youth-serving agencies, and health professionals. The school superintendent and the school health administrator are members. The local school board which appoints the school health advisory board is represented as a member of the advisory board.

Advantages of this structure are the direct communication link with the school board, the involvement of key school staff members in school health advisory board activities, and representation from a wide variety of community segments. Potential disadvantages include the danger of domination by school personnel and low interest levels among members who are there to represent their agencies rather than having personal interests in youth.

Figure 1

FIGURE 2 illustrates another common arrangement in which the school health advisory board reports to a school health administrator, who reports directly or indirectly to the superintendent, who reports to the school board. The school health advisory board might have an elected chairperson and appointed members.

One advantage of this structure is that the school health advisory board may operate more independently than the one described in Figure 1. In addition, the structure allows for the orderly flow of information from the school health advisory board to designated persons in the school division. A disadvantage of this structure might be the filtering or amplifying of any reports as they move up the administrative ladder. This organization also potentially puts more distance between the school health advisory board and the school board.

Figure 2

There are other ways to organize the school health advisory boards. For example, some school divisions have small executive committees within the school health advisory board composed of a chair (co-chairs), vice-chair, and secretary or the school advisory board chair and chairs of each subcommittee may comprise an executive committee. The school health advisory board may use the executive committees to determine needs for the year. After deciding on project priorities, the group then identifies individuals to work on each project. All individuals working on projects are viewed collectively as the school health advisory board. Although this approach may be effective in getting projects completed, it has the potential of failing to focus on a more comprehensive view of coordinated school health. Members may come and go without being exposed to a broader view of coordinated school health.

The school health advisory board structure and communication links with the school division and community should be clearly delineated for all participants. Similarly, school health advisory board members may suggest modifications based upon their experience to enhance the working relationship.

Operating Procedures/Bylaws

Operating procedures or bylaws for a school health advisory board serve a number of useful purposes. Overall they clarify purpose, structure, and operational procedures, and serve to reduce confusion among members. When bylaws are in place and a leader leaves a board, it is easier for future leaders to proceed efficiently. These procedures provide guidelines for carrying out the board's business in order to accomplish its purpose(s). Minimally, the procedures should contain the following components:

> ***Name and Purpose of the School Health Advisory Board***: The name is most likely to be straightforward, simply incorporating the school division's name.
>
> The purpose statement should reflect the advisory nature of the school health advisory board and the definition of coordinated school health. This definition will determine the scope within which the school health advisory board will function.
>
> ***Membership***: Describe the composition of the school health advisory board in terms of the number of members, community sectors represented, terms of appointment, voting rights, termination, resignation, selection method, attendance, and criteria for eligibility. Identify a specified contact person within the school division who would have access to the current membership roster.

Meetings: Specify the frequency, date, and location of meetings, as well as procedures for setting the agenda, notification of meetings, and distribution of agenda and minutes. The school health advisory boards may conduct meetings governed by *Robert's Rules of Order* or some equivalent. (Keep in mind that school health advisory board meetings are subject to open meeting laws.)

Officers: Provide the titles and responsibilities of officers, their terms, as well as a brief description of the election, removal, and resignation processes. Generally, the officers will be chairperson or co-chairpersons, vice-chairperson, and secretary. Note: The school health advisory board chairperson is often the individual responsible for motivating and supporting members in their efforts to fulfill the group's purpose. Therefore, selecting an individual for this position is critical. An alternative is to select co-chairpersons, thereby allowing for the division or rotation of leadership tasks.

Voting Procedures: Describe the voting process used at regular meetings and the required quorum. For example, one half of the current members must be present for an official vote and two-thirds of those present must vote for a motion in order to approve the motion.

Committees: Provide the names of standing committees or subcommittees with a brief description of their functions and membership.

Communications: State the reporting procedures practiced by the school health advisory board for internal and external communications. Also include any regular procedure for informing the community about activities, and the identification of a central location for storing past and current records of the school health advisory board activities.

Amendments: Offer an explanation of the process used in making amendments to the operating procedures. The operating procedures should be approved by the members, dated, and copies made available to all new members and appropriate school personnel.

Guidelines for Conducting Successful Meetings

Regular meetings of the full membership and meetings of committees are major activities for most advisory boards. Therefore, it is important to be well organized and goal-directed to make the best use of members' time. The following are suggestions to facilitate productive meetings.

Effective School Health Advisory Board Meetings

Tips for effective meetings:

- Develop/provide the agenda in advance
- Begin and end on time
- Stick to the agenda
- Maintain an atmosphere that encourages participation
- Summarize periodically
- Maintain a written record of ideas and decisions
- Identify tasks to be completed
- Confirm individual responsibilities
- Consider agenda items for the next meeting

Regular Meeting Schedule: Establish an annual calendar of dates, times, and locations for regular meetings. Some school health advisory boards in geographically large school divisions may alternate locations to distribute travel time for members. Any responsibility for transportation should be clarified at the beginning of each year. Maps and parking permits should be sent to members in advance of meetings.

Agenda: Approximately two to three weeks before the meeting send members a tentative agenda with a request for other topics. Prepare the agenda so members easily understand it (e.g., separate action items on the agenda from information items and discussion-only items). Minutes of the previous meeting should accompany the tentative agenda.

E-mail and Phone Communications: Communicate with each member a few days prior to the meeting as a reminder. Group e-mail lists and establishing a phone tree can promote efficient communication on activities and for inclement weather decisions.

Punctuality: Start and end the meeting on time. Avoid the tendency of waiting for others and allowing the discussion to drift past a specific time.

Environment and Atmosphere: Hold the meeting in a physically comfortable room that allows members to see and hear each other without difficulty. Stick to the agenda, involve all members, and positively acknowledge all contributions. Encourage discussion and periodically summarize discussions for the group. Keep a written record of discussion topics, major ideas, and decisions (for the minutes).

Follow-up: Assign tasks. Allocate 10-15 minutes at the end of the meeting to determine the tentative agenda for the next meeting.

Developing a Strategic Plan

The planning process for either long-range or short-range goals can be a unifying and gratifying experience. The planning process may even be as beneficial to the school community as the actual product that comes out of the effort.

For any planning process, there are several things board members, and especially school health advisory board leaders, need to consider. The first is that *planning is a continuing process* of developing goals, objectives, or strategies/action steps; putting actions into motion, monitoring progress toward accomplishing the board's vision, and then adjusting the goals, objectives, or action steps to address issues at a different level or even focus on new issues. A second consideration for school health advisory board members is that *every member of the diverse board is an equal member of the planning process, students as well as adults.* Each member must be free to dream, question, and speculate about possibilities. A third consideration is to *embrace change, even when the tendency is to do things as they were done in the past.* Following the same old habits of action can lead to stagnation rather than moving toward constructive progress.

To move the school health advisory board forward, it is important to periodically examine the group's philosophical basis. Using self-evaluation tools is a valuable activity. The School Health Advisory Board Progress Report (Appendix C) submitted to the Virginia Department of Education can be used as an evaluation tool to assess attainment of goals from the previous year. School health advisory boards should be aware of the needs assessment efforts of the local community. Data collected from local needs assessments will assist in identifying existing resources, identify gaps in programming and services within the school division and community.

School health advisory boards should participate in the collection and review of data on student health, student health-risk behaviors, school staff well-being, factors that make up quality coordinated school health program components, and community assessments. School health advisory boards can work with the school division and the community to collect data.

Identifying Goals and Objectives

Establishing goals is critical to the functioning of a School Health Advisory Board. Goal statements should be a broad statement of the board's purpose that describes the expected effects of a program. An example of a goal is "to decrease risk behaviors associated with HIV infection among student within the school district through the use of HIV prevention curricula." Each goal statement should identify the board's ability to decrease the effects of a health problem and increase the effects of a positive health behavior in a targeted population. The goal statement should be carefully written only after the appropriate data has been reviewed. Examples of data sources can be found in the "Data to Support School Health Advisory Board Activities" section of this manual.

After reviewing the data and establishing the intended goal, list the possible strategies for achieving the goal. A possible strategy for decreasing risk behaviors associated with HIV would be to identify evidence-based HIV prevention curricula. Carefully consider proposed strategies based upon the effort required to implement the strategy when compared to the realistic, achievable effect. A strategy which requires minimum implementation but yields a high effect for behavior change is desirable.

Objectives and activities designed to meet the overall goal should be aligned with selected strategies. Objectives should be Specific, Measurable, Achievable, Realistic and Time-phased (S.M.A.R.T.) Specific objectives identify the population to be targeted and what the intended effect will be. Measurable objectives describe how much change will be produced by the intended effect. Objectives which are Achievable and Realistic consider the resources and barriers affecting the goal. The entire objective should be accomplished in a reasonable timeline. For example, by March 10, 2011, the XYZ School Health Advisory Board will identify five evidence-based HIV prevention curricula to present to the school board's curriculum committee.

The School Health Advisory Board is well-positioned to affect change throughout the school system. Working with the appropriate people, goals, strategies and objectives can include, but are not limited to: health services; health education including family life education; healthy environment; physical education; nutrition services; social, emotional and mental health services; staff wellness; and parent/community involvement.

Evaluation

Every plan should have an evaluation component. The evaluation will assess how much progress has been made toward implementing strategies and achieving S.M.A.R.T. objectives. Determine a timeline for collecting data. For example, evaluations of objectives targeted towards SHAB membership could include data on meeting attendance, which is collected at every meeting. Evaluation of an objective to increase the consumption of fruits and vegetables in the school cafeteria would include baseline data from the beginning of the year, ongoing data collection throughout the year and a final data collection.

Writing a success story

Success stories should be a natural part of the evaluation process. SHABs are encouraged to share accomplishments with other SHABs and to learn from each other. Success stories should have specific components. Each should include a problem overview in which the SHAB describes the data used to identify the problem and why it is important. Goals, strategies and objectives should then be clearly identified with a planning and implementation process defined. Community partners, if needed, are identified as is the intended audience. Program outcomes should describe how the progress of the activity was evaluated.

Program outcomes are critical pieces in sharing a success story. What were the short-term and intermediate goals? Were the goals met? What populations were impacted by the activity? What barriers were encountered? How were barriers addressed? Avoid using broad and sweeping statements such as "the program was well-received." Use evaluation data to provide evidence of effectiveness. Success stories help the promotion of SHABs. For more on the benefits of using stories, see The RMC Health Educator Newsletter (Volume 7, No. 2, Winter 2006-2007) at http://www.rmc.org/About/Docs/HealthEducatorV7_N2.pdf

STRATEGIES FOR EMPOWERING A SCHOOL HEALTH ADVISORY BOARD

Enhancing Activities of a School Health Advisory Board

To enhance or strengthen the work of the school health advisory board, members may want to re-examine their group's processes and actions:

- Review any established or new school division procedures or regulations that may be used by the school health advisory board.
- Establish and periodically review (e.g., every other year) operating procedures/bylaws and objectives and activities of the school health advisory board.
- Orient new members in the components of the coordinated school health program model and elements of comprehensive school health instruction.
- Review activities of other advisory boards and develop a network with those board members.
- Identify obstacles in the community and school division to accomplishing school health advisory board initiatives.
- Conduct ongoing needs assessments, such as *The School Health Index* from the Division of Adolescent and School Health, Centers for Disease Control and Prevention *(https://apps.nccd.cdc.gov/shi/default.aspx)*.
- Establish a mechanism for regular reporting to the school division, individual schools, local school board, and the community on the work of the school health advisory board.

Technical Assistance for a School Health Advisory Board

To ensure consistency over the years in operations of school health advisory boards, the Virginia Department of Education and Virginia Department of Health provide ongoing technical assistance and training sessions for individual school divisions on an "*as requested*" basis.

Funding for these training sessions and workshops is primarily through federal funds to the Department of Education from the Centers for Disease Control and Prevention, Division of Adolescent and School Health. This federal support of state programming has helped to provide consistency in training school health advisory board members, school board members, parents, and specific school personnel in strategies for strengthening the work of school health advisory boards.

School divisions interested in receiving technical assistance should contact the Virginia Department of Education's Comprehensive School Health Specialist at 804-225-2431.

Data to Support School Health Advisory Board Activities

Data related to conditions and circumstances that affect the learning environment for all students are valuable tools for school health advisory boards. Data may enable a division to identify in measurable terms the areas of greatest need (both geographically and behaviorally) in order to tailor its efforts on achieving specific outcomes. Data may also be helpful in giving a basis for developing and implementing strategies, and providing a baseline for evaluating the effectiveness of a program or activity (Department of Health and Human Services, 2003). A list of selected data resources follows:

VIRGINIA DATA (updated January 2009)

HEALTH
Division of HIV/STD, Virginia Department of Health, Division of HIV/STD Surveillance Quarterly Reports, Annual Reports and the HIV Epidemiologic Profile of Virginia: http://www.vdh.state.va.us/epidemiology/DiseasePrevention/DAta/
Virginia Department of Health's Health Statistics/Statistical Reports and Tables, at http://www.vdh.state.va.us/healthstats/stats.asp
Centers for Disease Control's Division of Adolescent and School Health (state-specific data available) at http://www.cdc.gov/HealthyYouth/about/index.htm
VIOLENCE
Office of Juvenile Justice and Delinquency Prevention Statistics at http://ojjdp.ncjrs.gov/ojstatbb/index.html
Virginia Department of Health's Division for Injury and Violence Prevention information at http://www.vahealth.org/Injury/

University of Virginia, Curry School of Education http://youthviolence.edschool.virginia.gov
MULTIPLE TOPICS
The Annie E. Casey Foundation Kid's Count Data (state-specific data available) at http://datacenter.kidscount.org/
Virginia Department of Education Data and Reports at http://www.doe.virginia.gov/VDOE/Publications/
Virginia Department of Health Youth Survey www.vahealth.org/youthsurvey
SUBSTANCE ABUSE
Commonwealth of Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services at http://www.dmhmrsas.virginia.gov/
The Governor's Office for Substance Abuse Prevention at http://www.gosap.state.va.us/
SAMHSA's National Clearinghouse for Alcohol and Drug Information at http://ncadi.samhsa.gov/
Southeast Centers for the Application of Prevention Technologies (CAPT) at http://captus.samhsa.gov/southeast/southeast.cfm

NATIONAL DATA

HEALTH
2010 Healthy People Objectives at http://www.healthypeople.gov/
Office of the Surgeon General's Childhood Overweight and Obesity Prevention Initiative at http://www.surgeongeneral.gov/obesityprevention/index.html
VIOLENCE
Centers for Disease Control and Violence Prevention at http://www.cdc.gov/violenceprevention/index.html
MULTIPLE TOPICS
Guide to Community Prevention Services at http://www.thecommunityguide.org/index.html
United States Department of Health and Human Services at www.hhs.gov/ (type in 'survey' in search box)
National Clearing House on Families and Youth at www.ncfy.com (type in 'survey' or 'data' in search box)
SUBSTANCE ABUSE
Center for Disease Control (Tobacco) at http://www.cdc.gov/tobacco/
SAMHSA's Center for Substance Abuse Prevention (CSAP) at http://prevention.samhsa.gov/
National Institute on Alcohol Abuse and Alcoholism (NIAAA) at www.niaaa.nih.gov

SCHOOL HEALTH, POLICY, LAWS AND REGULATIONS

Ensuring a Match between State Laws and Local Policy

In Virginia, concern for the health and well-being of students has led to a variety of actions by the General Assembly and the Virginia Board of Education. The General Assembly commonly requests services (e.g., policies, trainings, guidelines, etc.) through the Secretary of Education, Secretary of Health and Human Resources, or Board of Education regarding a wide variety of physical, social, and emotional aspects of child and adolescent health. Action by the Board of Education flows through the Department of Education to the local school divisions.

School health advisory boards need to be aware of certain laws, regulations, and documents that can support work at the local level. For example, the document *Regulations Establishing Standards for Accrediting Public Schools In Virginia* (available at http://www.doe.virginia.gov/VDOE/Accountability/soafulltxt.pdf) provides information to schools on the required program of instruction at the elementary, middle school, and secondary levels.

At each level there are health-related requirements for school offerings:

Instructional program in elementary schools (8 VAC 20-131-80)
Instructional program in middle schools (8 VAC 20-131-90)
Instruction program in secondary schools (8 VAC 20-131-100)

Included in Appendix B of this publication are many laws that school health advisory boards should know about and consider. Descriptions and summaries of other health-related topics in the *Code of Virginia* can be found in *Virginia School Health Guidelines*, published by the Virginia Department of Health, in collaboration with the Virginia Department of Education. These laws, regulations, and documents demonstrate the emphasis that governmental entities place on the health and well-being of Virginia's children and youth.

Reporting to the Department of Education

- In compliance with § 22.1-275.1 of the *Code of Virginia*, the annual progress report (see Appendix C) must be sent to the Virginia Department of Education.
- Reports should be e-mailed to Caroline Fuller, comprehensive school health specialist, Virginia Department of Education, at caroline.fuller@doe.virginia.gov.
- The Department of Education is responsible for sharing a copy of the report with the Virginia Department of Health.
- Word and PDF versions of the annual report form can be found at http://www.doe.virginia.gov/VDOE/studentsrvcs/shab.shtml

A COORDINATED SCHOOL HEALTH PROGRAM

History of Coordinated School Health: Bridging Health and Academic Achievement

Health programs were launched as part of the nation's schools programs at the turn of the 20th century when it was widely recognized that poor sanitation and infectious diseases severely impacted student learning. Even with this recognition, school-based health programs over the century experienced ebbs and flows. During times of crisis, health programs were funded to resolve critical issues (poor dental hygiene, physically unfit Americans, undernourished youth) and make necessary changes. Although many considered health programs as supportive of student learning, others in key decision-making positions tightened health programs budgets as the critical health issues subsided.

The focus of school health programming for the last two decades has been to move away from the crisis-centered approach to a health-risk prevention model. Only through this model can coordinated school health programs successfully serve the needs of the whole child and help prepare students for productive learning. Numerous national health, education, medical, and youth-serving organizations have published documents or made public statements supporting this concept. The following are samples of some of these statements.

"NSBA recognizes the critical link between health and learning and the role of schools in promoting life-long health and preventing health risk behaviors."
National School Board Association, 2009

"Healthy kids make better students. Better students make healthy communities."
Council of Chief State School Officers, *Policy Statement on School Health*, 2004

"Increasing the educational attainment of every child—leaving no child behind—is one of our nation's highest priorities. Those with the responsibility for improving academic outcomes recognize that, unless educational institutions address the health-related needs that compromise students' ability to learn, students cannot reach their potential as sound, productive citizens."
Lloyd Kolbe, *Stories from the Field: Lessons Learned about Building Coordinated School Health Programs*, 2003

A coordinated school health program (CSHP) is defined as a model that is a clear, practical approach to promoting the health and well-being of students so that physical, emotional, and social problems do not interfere with student functioning and students can learn to practice healthy behaviors and become productive citizens (Department of Health and Human Services, 2003). The Centers for Disease Control and Prevention defines CSHP as follows:

1. **Health Education:** A planned, sequential, K-12 curriculum that addresses the physical, mental, emotional and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The comprehensive health education curriculum includes a variety of topics such as personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse. Qualified, trained teachers provide health education.

2. **Physical Education:** A planned, sequential K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education should promote, through a variety of planned physical activities, each student's optimum physical, mental, emotional, and social development, and should promote activities and sports that all students enjoy and can pursue throughout their lives. Qualified, trained teachers teach physical activity.

3. **Health Services:** Services provided for students to appraise, protect, and promote health. These services are designed to ensure access or referral to primary health care services or both, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.

4. **Nutrition Services:** Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services

offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.

5. **Counseling and Psychological Services:** Services provided to improve students' mental, emotional, and social health. These services include individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers provide these services.

6. **Healthy School Environment:** The physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychological environment includes the physical, emotional, and social conditions that affect the well-being of students and staff.

7. **Health Promotion for Staff:** Opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.

8. **Family/Community Involvement:** An integrated school, parent, and community approach for enhancing the health and well-being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

The following is a literature review of research studies on the effect of coordinated school health programs on student achievement and success in schools conducted by the Society of State Directors for Health, Physical Education and Recreation and the Association of State and Territorial Health Officials. It also includes support for a coordinated school health program as identified in *Health is Academic* (Marx, et al., 1998) and Hanson and Austin (2002).

Data to Support Components of School Health Advisory Programs

Family and Community Involvement in Schools

Students with involved parents, regardless of background or income, are more likely to:

- Have higher grades and test scores;
- Participate in higher level courses;
- Pass their classes, earn credits, and be promoted;
- Attend school regularly; demonstrate good social skills and behavior;
- Adapt well to the school environment; and
- Graduate and enroll in postsecondary education (Henderson & Mapp, 2002).

School Nutrition Services

School breakfast programs:

- Increase learning and academic achievement (Hanson & Austin, 2002)
- Improve attendance, decrease tardiness and among severely undernourished populations, improve academic performance and cognitive functioning (Taras, H. 2005)
- Reduce visits to the school nurse

Students who participated in a school breakfast program were more likely to improve their school grades, classroom behavior, and psychological well-being than their peers who did not participate in the program (Kleinman, R.E., et al., 2002).

Healthy School Environment

Academic achievement has been found to be related to student's perception of school safety (Hanson & Austin, 2002)

High levels of student engagement (and teacher support) are associated with higher attendance and higher test scores (Klem & Connell, 2004).

Students who develop a positive affiliation or social bonding with school are:

- More likely to remain academically engaged (Hanson & Austin, 2002)

School-site Health Promotion for Staff

Work site health promotion programs result in:

- Lower levels of stress
- Increased well-being, self-image and self-esteem
- Improved physical fitness
- Increased stamina
- Potential weight reduction (National Association for Health and Fitness, retrieved July 2009 from http://www.physicalfitness.org/nehf.html)

Data to Support Components of School Health Advisory Programs

Comprehensive School Health Education

Evaluation research indicates the following findings regarding quality school health education programs:

- Health education that concentrates on developing health-related skills and imparting health-related knowledge and attitudes is more likely to help youth practice health enhancing behaviors.
- Skill development is more likely to result in the desired healthy behavior when practicing the skill is tied to the content of a specific health behavior or health decision.
  The most effective method of skill development is learning by doing – involving students in active, participatory experiences, rather than passive ones. (American Cancer Society's Facts Learning for Life: Health Education in Schools; retrieved July 6, 2009 from http://www.cancer.org/downloads/PED/Healthy_Ed_Learning

School Counseling, Psychological, and Social Services

Students attending elementary schools with fully implemented comprehensive guidance and counseling programs (CGCP) significantly increased their academic achievement over and above those children enrolled in non-CGCP buildings (Sink & Stroh, 2003).

A school-based prevention program begun in elementary school significantly reduced problem behaviors in students. Fifth graders who previously participated in a comprehensive interactive school prevention program for one to four years were about half as likely to engage in substance abuse, violent behavior, or sexual activity as those who did not take part in the program (Beets, et al., 2009).

Data to Support Components of School Health Advisory Programs

Physical Education

An increase in moderate to vigorous physical activity during the school day has been associated with student-oriented improvements, such as increased focus, alertness, enjoyment and awareness (Evenson, K. R., Ballard, K., Lee, G., & Ammerman, A., 2009).

Physical fitness is positively associated with Mathematics and English academic achievement (e.g., Chomitz, et al., 2009).

Both physical education and recess afford opportunities to achieve the daily physical activity goal without any evidence of compromising academic performance (Strong, W. B., et al., 2005).

School Health Services

Early intervention may improve high school completion rates and lower juvenile crime (Reynolds, Temple, Robertson, & Mann, 2001)
In 2006, two-thirds of voters supported providing health care in schools (66 percent) with half of them strongly supporting this provision (50 percent). Majorities of voters believe that a wide range of services provided in the school-based health centers is important. The following services were particularly supported:

- Health education around eating right and exercising
- Mental health services
- Treatment of acute illness or sudden trauma
- Treatment of chronic illness, like asthma (School-Based Health Care National Survey, 2007; retrieved July, 2009 from http://www.wkkf.org)

Coordinated School Health Programs Today

All members of the school health advisory board should be familiar with the eight components of a coordinated school health program. Prior to the mid-1980s, comprehensive school health programs generally consisted of three components: health instruction, health services, and healthy school environment. Following a groundbreaking article by Diane Allensworth and Lloyd Kolbe in 1987, the concept of school health programming changed dramatically to focus more on needs of the whole child. To implement a comprehensive school health program, schools were challenged to incorporate school nutrition services; counseling, psychological, and

social services; physical education; health promotion for staff; and family and community involvement into their program planning.

The concept was further expanded in the late 1990s, more than 70 national health and education organizations convened to develop a plan for writing the book *Health is Academic: A Guide to Coordinated School Health Programs* (1998). Over a two-year period, selected authors wrote chapters describing components of coordinated school health programs, strategies through which staff members working within each component could collaborate, and a systematic approach by which schools and communities can ensure that emotional, mental, physical, and social problems are not barriers to student success in school. These activities resulted in the 1998 publication of the book *Health is Academic: A Guide to Coordinated School Health Programs,* edited by Eva Marx, Susan Wooley, and Daphne Northrop. This text was the first to introduce the term "coordinated school health program" and it further defined actions and interconnection of the varied school programs and services.

Many school divisions, large and small, have found ways to apply the broadened concept of coordinated school health programming to their school division. A recent publication *School Connectedness: Strategies for Increasing Protective Factors Among Youth* addresses six strategies that schools and communities can use to increase the extent to which students feel connected to school. Connected students are also more likely to have better academic achievement, including higher grades and test scores, have better school attendance, and stay in school longer. Research has shown that young people who feel connected to their school are less likely to engage in many risk behaviors. (National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health) To order a free copy of the book visit the DASH Web site at http://www.cdc.gov/healthyyouth/AdolescentHealth/connectedness.htm

APPENDICES

APPENDIX A
ACKNOWLEDGMENTS

Sincere appreciation is expressed to the following individuals for their support in review, critique, and revision to this document:

HIV/STDs Resources Review Panel

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APPENDIX B
VIRGINIA CODES RELATED TO HEALTH ISSUES

How to download sections of the *Code of Virginia*:

- Go to http://leg1.state.va.us/lis.htm
- Under "Searchable databases", click on '*Code of Virginia*'-statutory law
- Enter search phrase or Code number in box
- Click submit

§ 2.2-1159. Facilities for persons with physical disabilities in certain building definitions; construction standards; waiver; temporary buildings.

§ 15.2-2801. Statewide regulation of smoking.

§ 22.1-17.2. Nursing education programs.

§ 22.1-138. Minimum standards for public school buildings.

§ 22.1-200. Subjects taught in elementary grades.

§ 22.1-204. Study of accident prevention.

§ 22.1-205. Driver education programs.

§ 22.1-206. Instruction concerning drugs, alcohol, and substance abuse.

§ 22.1-207. Physical and health education.

§ 22.1-207.1. Family life education.

§ 22.1-207.2. Right of parents to review certain materials; summaries distributed on request.

§ 22.1-207.3. School breakfast programs.

§ 22.1-208. Emphasis on moral education.

§ 22.1-254. Compulsory attendance required; excuses and waivers; alternative education program attendance; exemptions from article.

§ 22.1-271.2. Immunization requirements.

§ 22.1-271.3. Guidelines for school attendance for children infected with human immunodeficiency virus; school personnel training required; notification of school personnel in certain cases.

§ 22.1-272. Contagious and infectious diseases.

§ 22.1-272.1. Responsibility to contact parent of student at imminent risk of suicide; notice to be given to social services if parental abuse or neglect; Board of Education, in cooperation with the Department of Mental Health,Mental Retardation and Substance Abuse Services and the Department of Health, to develop guidelines for parental contact.

§ 22.1-273. Sight and hearing of pupil to be tested.

§ 22.1-274. School health services.

§ 22.1-274.01. School Nurse Incentive Grants Program and Fund.

§ 22.1-274.02. Certain memorandum of agreement required.

§ 22.1-274.1. Criteria to identify toxic art materials; labeling; use in certain grades prohibited.

§ 22.1-274.2. Possession and self-administration of inhaled asthma medications by asthmatic students.

§ 54.1-3408. Professional use by practitioners.

§ 22.1-275. Protective eye devices.

§ 22.1-275.1. School health advisory board.

§ 22.1-279.8. School safety audits and school crisis and emergency management plans required.

APPENDIX C
SCHOOL HEALTH ADVISORY BOARD (SHAB)
ANNUAL PROGRESS REPORT 2008-09 SCHOOL YEAR

Please complete and submit to Caroline Fuller at the Virginia Department of Education no later than June 1, 2010.

I. Identifying Information

School Division:
SHAB Chairperson:
Address: City: Zip code:
Telephone: ( ) Fax: ( )
E-mail Address:
Is the Chairperson also the contact person? ___ yes ___ no
If "No", Contact Person's E-Mail Address :
Person Completing this Report: Date:
Address: City: Zip code:
Telephone: ( ) Fax: ( )

II. Structure and Operation of Your SHAB

A. Membership

Please identify the composition of your SHAB by marking the appropriate boxes with the **number of SHAB members in each category**. If a member fits into more than one category, please CHOOSE ONLY ONE CATEGORY that most closely fits the member's primary role on the SHAB. Do not alter this format.

Parent
_____ Parent of a school-aged child
_____ Parent of a medically fragile child
_____ PTA representative
_____ Resource center representative

Community Representative
_____ Civic group
_____ Faith-based group
_____ Human services
_____ Youth services

Health Professional
_____ Medical
_____ Dental
_____ Mental Health
_____ Public Health (Dept. of Health)
_____ Other (specify) _____
_____ Prevention Specialist
_____ Substance Abuse

School Personnel
_____ School Nurse
_____ Health /Physical Education Teacher
_____ Other Teacher
_____ School Psychologist
_____ Central Office Administrator
_____ Principal
_____ Program Supervisor (Program _____)
_____ School Counselor

Food Services (School Nutrition)
_____ Staff Wellness Coordinator
_____ School Social Worker
_____ FLE Teacher
_____ Student Assistance Specialist
_____ Transportation Coordinator
_____ Other (specify) _____
_____ Safe & Drug-free Schools Coordinator[4]

Miscellaneous
_____ Student
_____ Business
_____ Government Official
_____ Law Enforcement
_____ Extension Agent
_____ Other (specify) _____

_____ **Total number SHAB members**

B. Meetings

How many general meetings did your SHAB hold this school year (excluding subcommittee meetings)?
_____ meetings

How many subcommittee meetings did your SHAB hold this school year? _____ meetings
List subcommittees:_____

Number of SHAB webinars viewed: _____
How many SHAB members attended the SHAB webinar(s)? _____

C. Reports

How many reports and/or presentations did your SHAB make during this school year to:

Groups	No. of presentations/Reports
Local school board	___ written ___oral
Central office personnel	___ written ___oral
Other: _____	___ written ___oral
PTO/PTA _____	___ written ___oral
_____	___ written ___oral
_____	___ written ___oral

D. Policy Recommendations

How many recommendations were made to local school boards? _____

Please list the recommendations:
_____ **accepted _____ declined _____**
_____ **accepted _____ declined _____**
_____ **accepted _____ declined _____**

E. Operating Procedures

Does your SHAB have operating procedures/bylaws?

YES ☐ NO ☐

If yes, how often are they reviewed and/or revised? __ Every year ___ 1-3 years ___ 4-5 years

__ Our SHABs operating procedures/bylaws have never been reviewed or revised.

Are your SHAB activities listed on your school division Web site? YES ☐ NO ☐

III. Goals and Accomplishments

A. Goals

Please identify at least two goals that will impact the health needs of the students and/or staff in your school division. Please list:

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

_____

B. Accomplishments

Share the achievements of your SHAB this year. Please record *one accomplishment* of your SHAB in summary form.

PROBLEM OVERVIEW:

SELF-CHECK of Problem Overview – Have you:

- ☐ *Described the problem being addressed and why it's important?*
- ☐ *Used data to frame the problem, including health burden and economic costs?*
- ☐ *Specified the affected population(s)?*

PROGRAM/ACTIVITY DESCRIPTION:

SELF-CHECK of Program/Activity Description – Have you:

- ☐ *Clearly identified the goals of your activity?*
- ☐ *Identified who was involved, including your partners?*
- ☐ *Clearly described the program/activity that was implemented, including where and when it took place and how it addressed the problem?*
- ☐ *Clearly described your planning and implementation process?*
- ☐ *Identified the target audience of the program/activity?*
- ☐ *Described how the progress of the program/activity is evaluated?*

PROGRAM/ACTIVITY OUTCOMES:

SELF-CHECK of Program/Activity Outcomes– Have you:

- ☐ *Identified whether or not the immediate goals were met?*
- ☐ *Identified the short-term or intermediate outcomes resulting from the identified goals that demonstrate how the program/activity addressed the problem (e.g., change in policy, use of curriculum, change in school-level practices, establishment of additional funding, etc.)?*
- ☐ *How many students, families and communities were impacted by this work?*
- ☐ *What barriers did you encounter and how did you overcome them?*
- ☐ *Provided a conclusion to the success story that avoids using broad, sweeping statements such as "There was a noticeable increase in healthy eating habits."*

Will you allow the Virginia Department of Education to post/share information about your accomplishment on its Web site? YES ☐ NO ☐

Local Wellness Policy Status Report Form 2008-2009

Section 204 of the 2004 Child Nutrition & WIC Reauthorization Act (Public Law 108-265) required all school divisions develop a local wellness policy by July 1, 2006. This status report is designed to gather data on the implementation, evaluation and revision of the local wellness policy during the 2008-2009 school year.

Complete the following questions in order to report on the status of your school division's required local wellness policy.

1. Please provide contact information for the chair of the committee responsible for the local wellness policy in your school division:
Name of Committee:

Name of Chairperson:

Mailing Address:

Telephone Number:

E-mail Address:

2. Which of the following nutrition education goals are included in your local wellness policy AND were implemented during this past year? Check all that apply.

☐ Students in grades pre-K-12 receive nutrition education that is interactive and teaches the skills they need to adopt healthy eating behaviors.
☐ Nutrition education is offered in the school dining room as well as in the classroom, with coordination between the school nutrition staff and teachers.
☐ Students receive consistent nutrition messages throughout schools, classrooms, cafeterias, homes, community, and media.
☐ District health education curriculum standards and guidelines include nutrition education.
☐ Nutrition is integrated into the health education and core curricula (e.g., mathematics, science, language arts).
☐ Schools link nutrition education activities with the coordinated school health program.
☐ Staff members who provide nutrition education have appropriate training.
☐ Schools are enrolled as Team Nutrition Schools, and conduct nutrition education activities and promotions that involve parents, students, and the community.
☐ Other, please explain

3. In what ways did you measure outcomes, impacts or improvements?

☐ Surveys of students, staff, parents, and/or administrators
☐ Observation of practices
☐ Evaluation of progress using baseline data from original assessments
☐ Other, please explain

4. Does the school division plan to revise the nutrition education goals for 2009-2010?

☐ Yes, please explain
☐ No

5. Which of the following physical activity goals are included in your local wellness policy and were implemented during this past year? Check all that apply.

- ☐ Students are given opportunities for physical activity during the school day through physical education (PE) classes, daily recess periods for elementary school students, and the integration of physical activity into the academic curriculum.
- ☐ Students are given opportunities for physical activity through a range of before- and/or after-school programs including, but not limited to, intramurals, interscholastic athletics, and physical activity clubs.
- ☐ Schools work with the community to create ways for students to walk, bike, rollerblade or skateboard safely to and from school.
- ☐ Schools encourage parents and guardians to support their children's participation in physical activity, to be physically active role models, and to include physical activity in family events.
- ☐ Schools provide training to enable teachers, and other school staff to promote enjoyable, lifelong physical activity among students.
- ☐ Other, please explain

6. In what ways did you measure outcomes, impacts or improvements?

- ☐ Surveys of students, staff, parents, and/or administrators
- ☐ Observation of practices
- ☐ Evaluation of progress using baseline data from original assessments
- ☐ Other, please explain

7. Does the school division plan to revise the physical education goals for 2009-2010?

- ☐ Yes, please explain
- ☐ No

8. Which of the following guidelines for the nutritional value of foods and beverages sold or offered in the school environment; including standards for the amount of fats and sugars; for moderate portion sizes; and for maximum nutritional value, are included in the local wellness policy AND were implemented during this past year?
Check all that apply.

- ☐ The school division sets guidelines for foods and beverages sold à la carte in the school nutrition program on school campuses.
- ☐ The school division sets guidelines for foods and beverages sold in vending machines, snack bars, school stores, and concession stands on school campuses.
- ☐ The school division sets guidelines for foods and beverages sold as part of school-sponsored fundraising activities.
- ☐ The school division sets guidelines for refreshments served at parties, celebrations, and meetings, or offered as rewards, during the school day.
- ☐ Other, please explain

9. In what ways did you measure outcomes, impacts or improvements?

- ☐ Surveys of students, staff, parents, and/or administrators
- ☐ Observation of practices
- ☐ Evaluation of progress using baseline data from original assessments
- ☐ Other, please explain

10. Does the school division plan to revise the guidelines for the nutritional value of foods and beverages sold or offered in the school environment for 2009-2010?

☐ Yes, please explain
☐ No

11. Which of the following school-based activities to promote student wellness are included in your local wellness policy AND were addressed this past year? Check all that apply.

☐ The school division provides a clean, safe, enjoyable meal environment for students.
☐ The school division provides enough space to ensure all students have access to school meals with minimum wait time.
☐ The school division makes drinking fountains available in all schools, so that students can get water at meals and throughout the day.
☐ The school division encourages all students to participate in school meal programs and protects the identity of students who are eligible for free and reduced price meals.
☐ The school division schedules lunch time as near the middle of the school day as possible.
☐ The school division schedules recess for elementary schools before lunch so that children will come to lunch less distracted and ready to eat.
☐ The school division prohibits the use of food as a reward or punishment in schools.
☐ The school division does not deny student participation in recess or other physical activity as a form of discipline or for classroom make-up time.
☐ The school division provides opportunities for ongoing professional training and development for school nutrition staff and teachers in the areas of nutrition and physical education.
☐ The school division makes efforts to keep school- or division-owned physical activity facilities open for use by students outside school hours.
☐ The school division encourages and provides opportunities for students, teachers, and community volunteers to practice healthy eating and serve as role models in school dining areas.
☐ Other, please explain

12. In what ways did you measure outcomes, impacts or improvements?

☐ Surveys of students, staff, parents, and/or administrators
☐ Observation of practices
☐ Evaluation of progress using baseline data from original assessments
☐ Other, please explain

13. Does the school division plan to revise the school-based activities to promote student wellness included in the policy for 2009-2010?

☐ Yes, please explain
☐ No

14. Which of the following measurement and evaluation goals are included in your local wellness policy? Check all that apply.

☐ Surveys of students, staff, parents, and/or administrators will be conducted.
☐ Observation of practices, such as dietary and physical activity patterns, is implemented.
☐ Evaluation of progress will be conducted using baseline data from original assessments.
☐ Implementation of policy milestones will be documented.

☐ Schools are encouraged and/or required to use the Governor's Scorecard for Nutrition and Physical Activity to measure progress in implementing the local wellness policy.
☐ The policy development committee will report implementation status to the superintendent and/or school board.
☐ Other, please explain

15. Has the school division conducted an evaluation of the local wellness policy implementation?
☐ Yes, please explain
☐ No

16. Will the results of this evaluation be used to revise the local wellness policy for 2009-2010?
☐ Yes, please explain
☐ No

17. Please share the most significant impact of the local wellness policy in your school division during the 2008-2009 school year.

18. Please share one opportunity for improvement of the local wellness policy in your school division for the 2009-2010 school year.

Questions about the implementation, evaluation and revision of the local wellness policy may be addressed to Lynne Fellin, associate director, or the assigned school nutrition program specialist at (804) 225-2074.

Please return this form along with the School Health Advisory Board Report Form by June 1, 2010 (via e-mail) to:

Caroline Fuller
Phone: 804-225-2431
Email: Caroline.Fuller@doe.virginia.gov

APPENDIX D
SAMPLE SELF-EVALUATION TOOL

Self-evaluation is ongoing, whether by individual members or more formally as a group. One means of assessing the effectiveness of a school health advisory board is to conduct a survey of board members using a checklist such as the following:

	Yes	**No**
1. Is there a statement of purpose and goals for our group?	( )	( )
2. Are the school health advisory board activities benefiting the coordinated school health program?	( )	( )
3. Have school health advisory board activities developed community understanding of the coordinated school health program?	( )	( )
4. Do school health advisory board members understand their roles and what is expected of them?	( )	( )
5. Are school health advisory board members aware of the status of coordinated school health programs in most schools in the school division?	( )	( )
6. Are members provided information on state and national developments in coordinated school health?	( )	( )
7. Have members received sufficient orientation to the schools and to the coordinated school health program?	( )	( )
8. Is the school health advisory board given sufficient information and time to study and discuss issues before making recommendations?	( )	( )
9. Does the school health advisory board membership reflect varying and opposing viewpoints?	( )	( )
10. Are meetings conducted in an impartial manner allowing all members to express opinions?	( )	( )
11. Is the importance of members' time recognized through keeping meetings on schedule and directed to agenda?	( )	( )
12. Are school health advisory board activities or projects selected with care and limited to a reasonable number?	( )	( )

	Yes	**No**
13. Are school health advisory board members presented the facts and consulted when changes are made in the school health program?	( )	( )
14. Do members receive adequate advance notice of meetings and prompt reports of minutes?	( )	( )
15. Are members involved in assignments based upon their expertise?	( )	( )
16. Does the chairperson or a few members dominate meetings?	( )	( )
17. Are membership rosters current and updated?	( )	( )
18. Are members asked for recommendations on improving the effectiveness of meetings?	( )	( )
19. Does the school health advisory board encourage school administrators to meet with the council or individual members on selected issues?	( )	( )
20. Are members invited to school functions such as graduation, open houses, exhibits, athletic events, plays, etc.?	( )	( )
21. Are members encouraged to visit health classes?	( )	( )
22. Does the school health advisory board hold a "thank you event" or dinner for all members?	( )	( )
23. Does the membership have adequate representation of ethnic and economic groups in the local community?	( )	( )
24. Are members given recognition for contributions in school publications, news releases, or other methods?	( )	( )
25. Is there a reflection of positive support from school personnel for the school health advisory board members' services?	( )	( )

Adapted from Fraser, K. *Someone at School has AIDS: A Guide to Developing Policies for Students and School Staff Members Who Are Infected with HIV.* National Association of State Boards of Education, 1989.

APPENDIX E
SUCCESS STORY DATA COLLECTION TOOL

Program Information

Success Story Item	Your Answer
Contact name:	
Contact information:	Address: E-mail: Office number: Cell phone:
Employer/Organization name:	

Focus of the Story

Title
Capture the overall message of the story. Include action verbs. Capture the reader's attention.

Problem overview
Describe the problem being addressed and why it's important. Use data to frame the problem, including health burden and academic links.

Activity Description
Identify who was involved, including your partners, Describe the program/activity that was implemented, including where and when it took place and how it addressed the problem.

Outcomes
Identify the short-term or intermediate outcomes that demonstrate how the program activity addressed the problem. Provide a conclusion to the success story that avoids using broad, sweeping statements such as "There was a noticeable increase…."

Implications of the Story

Next steps:
What are the next steps that need to be taken to further or continue this effort?

Lessons learned:
What were the key elements that made this a success?

What would you do differently?

APPENDIX F
REFERENCES

Allensworth, D., & Kolbe, L. (1987). The comprehensive school health program: Exploring an expanded concept. *Journal of School Health, 57,* 409.

American Cancer Society. (2003). *Promoting healthy youth, schools, and communities: A guide to community-school health councils.* Atlanta, GA, American Cancer Society.

Beets, M. W., et al. (2009). Use of a social and character development program to prevent substance use, violent behaviors, and sexual activity among elementary-school students in Hawaii *American Journal of Public Health*, 99 (8), 1438-1445.

Chomitz, V. R., Slining, M. M., McGowan, R. J., Mitchell, S. E., Dawson, G. F. & Hacker, K. A. (2009). Is there a relationship between physical fitness and academic achievement? Positive results from public school children in the Northeastern United States. *Journal of School Health,* 79(1), 30-37.

Evenson, K. R., Ballard, K., Lee, G. & Ammerman, A. (2009). Implementation of a school-based state policy to increase physical activitiy. *Journal of School Health,* 79(5), 231-238.

Hanson, T. L., & Austin, G. A. (2002). *Health risks, resilience, and the Academic Performance Index.* (California Healthy Kids survey Factsheet 1). Los Alamitos, CA: WestEd.

Henderson, A. T. & Mapp, K. L. (2002). *A new wave of evidence: The impact of school, family, and community connections on student achievement.* Southeast Educational Development Laboratory.

Kleinman, R.E. Hall, S., Green, H., Korzec-Ramirez, D., Patton, K., Pagano, M.E., Murphy, J.M. (2002). Diet, breakfast, and academic performance in children. *Annals of Nutrition and Metabolism, 46*(1), 24-30.

Klem, A. M. & Connell, J. P. (2004). Relationships matter: Linking teacher support to student engagement and achievement. *Journal of School Health, 74*(7), 262-273.

Marx, E., Wooley, S. F., & Northrup, D. (Eds.) (1998). *Health is Academic: A Guide to Coordinated School Health Programs*. Washington, D.C.: Education Development Center, Inc.

Reynolds, A., Temple, J., Robertson, D., & Mann, E. (2001). Long-term effects of an early childhood intervention on educational achievement and juvenile arrest: A 15-year follow-up of low-income children in public schools. *Journal of the American Medical Association, 285*(18), 2339-2346.

Sink, C. & Stroh, H. (2003). *Improving Academic Achievement in Primary Students Through a Systemic Approach to Guidance and Counseling.* A Research Report from The Washington School Research Center.

Strong, W. B., et al. (2005). Evidence-based physical activity for school-aged youth. *The Journal of Pediatrics, 146*(6) 732-737.

Taras, H. (2005). Nutrition and student performance at school. *Journal of School Health, 75*(6), 199-213.

U.S. Department of Health and Human Services. (2003). *Stories from the field: lessons learned about building coordinated school health programs.* Atlanta, GA: Division of Adolescent and School Health, Centers for Disease Control and Prevention.

APPENDIX G
SAMPLE RESOURCES FROM NATIONAL ORGANIZATIONS

Advocates for Youth
http://www.advocatesforyouth.org/

American Association for Health Education (AAHE/AAHPERD)
http://www.aahperd.org/aahe/template.cfm?template=main.html

American School Health Association (ASHA)
http://www.ashaweb.org/i4a/pages/index.cfm?pageid=1

Association of State and Territorial Health Officials (ASTHO)
http://www.astho.org/

Center for Mental Health In Schools
http://smhp.psych.ucla.edu/

Center for School Mental Health
http://csmh.umaryland.edu/cop/index.html

Comprehensive Health Education Foundation (C.H.E.F.)
http://www.chef.org/

Council of Chief State School Officers (CCSSO)
http://www.ccsso.org/

Educational Development Center (EDC)
http://www2.edc.org/MakingHealthAcademic/

Education, Training, and Research Associates (ETR)
http://www.pub.etr.org/

Girls Incorporated (Girls, Inc.)
http://www.girlsinc.org/index.html

Hamilton Fish Institute for Violence Prevention
http://gwired.gwu.edu/hamfish/

Institute for Youth Development (IYD)
http://www.youthdevelopment.org/

National Alliance of State and Territorial AIDS Directors (NASTAD)
http://www.nastad.org/

National Association of Community Health Centers (NACHC)
http://www.nachc.com/

National Association of School Nurses (NASN)
http://www.nasn.org/

National Association of State Boards of Education (NASBE)
http://www.nasbe.org/

National Center for Health Education (NCHE)
http://www.nche.org/

National Center for Mental Health Promotion and Youth Violence Prevention
http://www.promoteprevent.org/

National Commission on Correctional Health Care (NCCHC)
http://www.ncchc.org/

National Conference of State Legislatures (NCSL)
http://www.ncsl.org/

National Education Association (NEA)
http://www.neahin.org/

National Institute on Drug Abuse
http://www.drugabuse.gov/NIDAhome.html

National Middle School Association (NMSA)
http://www.nmsa.org/

National Network for Youth (NNY)
http://www.nn4youth.org/

National School Boards Association (NSBA)
http://www.nsba.org/

National Student Assistance Association
http://www.nsaa.us

National Youth Violence Prevention Resource Center
http://www.safeyouth.org/scripts/index.asp

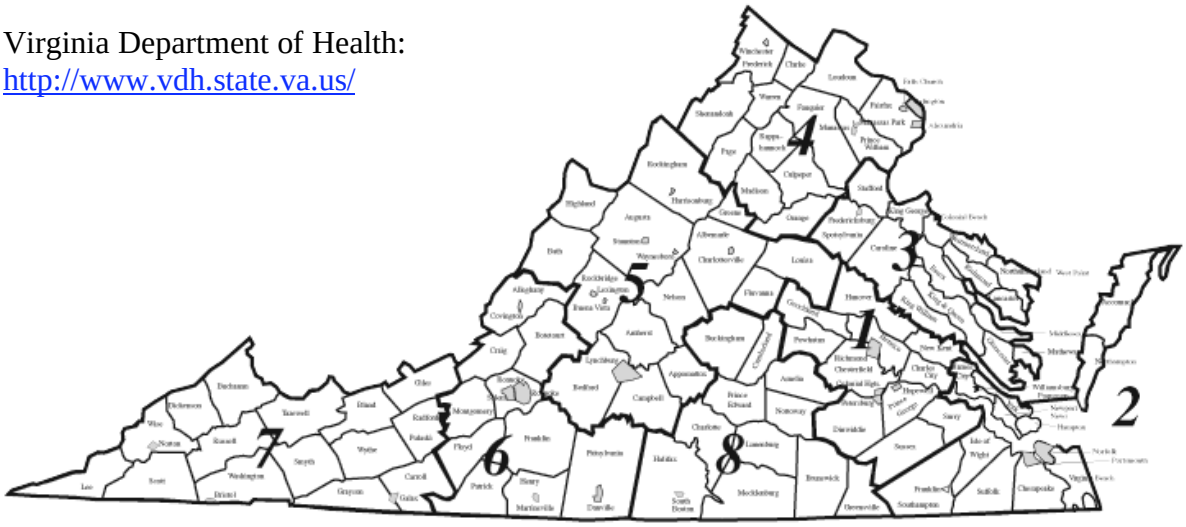
Public Education Network (PEN)
http://www.publiceducation.org/

Rocky Mountain Center for Health Promotion and Education (RMC)
http://www.rmc.org/

Sexuality Information and Education Council of the U.S. (SIECUS)
http://www.siecus.org/

APPENDIX H
VIRGINIA DEPARTMENT OF EDUCATION DIVISIONS BY HEALTH DISTRICTS

Virginia Department of Health:
http://www.vdh.state.va.us/



(Map indicates Superintendent Regions)

Alexandria Health District

517 North Saint Asaph St.
Alexandria, VA 22314
703-838-4400 Office
703-838-4038 Fax

School Division
Alexandria

Alleghany Health District

Academy Street, PO Box 220
Fincastle, VA 24090
540-473-8240 Office
540-473-8242 Fax

School Divisions
Alleghany
Botetourt
Covington
Craig
Roanoke County
Salem

Arlington Health District

1800 North Edison Street
Arlington, VA 22207
703-228-4992 Office
703-228-5233 Fax

School Division
Arlington

Central Shenandoah Health District

1414 North Augusta Street
P.O. Box 2126
Staunton, VA 24402-2126
540-332-7830 Ext. 65 Office
540-885-0149 Fax

School Divisions
Augusta
Bath
Buena Vista City
Harrisonburg City
Highland
Lexington
Rockbridge
Rockingham
Staunton City
Waynesboro City

Central Virginia Health District

1900 Thomson Drive
P.O. Box 6056
Lynchburg, VA 24505
434-947-6777 Office
434-947-2338 Fax

School Divisions

Amherst
Appomattox
Bedford
Campbell
Lynchburg City

Chesapeake Health District

748 Battlefield Blvd., North
Chesapeake, VA 23320
757-382-8600 Office
757-547-0298 Fax

School Division

Chesapeake

Chesterfield Health District

9501 Lucy Corr Circle
P.O. Box 100
Chesterfield, VA 23832
804-748-1743 Office
804-751-4497 Fax

School Divisions

Chesterfield
Colonial Heights City
Powhatan

Crater Health District

301 Halifax Street
P.O. Box 2081
Petersburg, VA 23804
804-863-1652 Office
804-862-6126 Fax

School Divisions

Dinwiddie
Greensville
Hopewell
Petersburg
Prince George
Surrey
Sussex

Cumberland Plateau Health District

155 Rogers Street
P.O. Box 2347
Lebanon, VA 24266
276-889-7621 Office
276-889-7625 Fax

School Divisions

Buchanan
Dickenson
Russell
Tazewell

Eastern Shore Health District

23191 Front Street
P.O. Box 177
Accomac, VA 23301-0177
757-787-5880 Office
757-787-5841 Fax

School Divisions

Accomack
Northampton

Fairfax Health District

10777 Main Street, Ste. 203
Fairfax, VA 22030
703-246-2479 Office
703-273-0825 Fax

School Divisions

Fairfax
Falls Church

Hampton Health District

Hampton Health District
3130 Victoria Blvd.
Hampton, VA 23661-1588
757-727-1172 Office
757-727-1185 Fax

School Division

Hampton

Hanover Health District

12312 Washington Hwy.
Ashland, VA 23005
804-365-4313 Office
804-365-4355 Fax

School Divisions

Charles City
Goochland
Hanover
New Kent

Henrico Health District

8600 Dixon Powers Drive
Richmond, VA 23228
P.O. Box 27032
Richmond, VA 23273
804-501-4522 Office
804-501-4983 Fax

School Division

Henrico

Lenowisco Health District

134 Roberts Street, S.W.
Wise, VA 24293
276-328-8000 Office
276-376-1020 Fax

School Divisions

Lee
Norton
Scott
Wise

Lord Fairfax Health District

107 N. Kent St., Suite 201
Winchester, VA 22601
540-722-3480 Office
540-722-3479 Fax

School Divisions

Clarke
Frederick
Page
Shenandoah
Warren
Winchester

Loudoun Health District

1 Harrison Street, S.E.
P. O. Box 7000
Leesburg, VA 20177
703-777-0234 Office
703-771-5023 Fax

School Division

Loudoun

Mount Rogers Health District

201 Francis Marion Lane
Marion, VA 24354-4227
276-781-7450 Office
276-781-7455 Fax

School Divisions

Bland
Bristol
Carroll
Galax
Grayson
Smyth
Washington
Wythe

New River Health District

210 South Pepper Street, Suite A
Christiansburg, VA 24073
540-381-7100 Office
540-381-7108 Fax

School Divisions

Giles
Floyd
Montgomery
Pulaski
Radford

Norfolk Health District

830 Southampton Ave. Ste. 200
Norfolk, VA 23510
757-683-2796 Office
757-683-8878 Fax

School Division

Norfolk

Peninsula Health District

416 J. Clyde Morris Boulevard
Newport News, VA 23601
757-594-7305 Office
757-594-7714 Fax

School Divisions

James City County
Newport News
Poquoson
Williamsburg
York

Piedmont Health District

Piedmont Health District
111 South Street, 1st Flr.
Farmville, VA 23901
434-392-3984 Office
434-392-1038 Fax

School Divisions

Amelia
Buckingham
Charlotte
Cumberland
Lunenburg
Nottoway
Prince Edward

Pittsylvania/Danville Health District

326 Taylor Drive
Danville, VA 24541
434-799-5190 Office
434-799-5022 Fax

School Divisions

Danville City
Pittsylvania

Portsmouth Health District

1701 High Street, Suite 102
Portsmouth, VA 23704
757-393-8585 Office
757-393-8027 Fax

School Division

Portsmouth

Prince William Health District

9301 Lee Avenue
Manassas, VA 20110
703-792-6300 Office
703-792-6338 Fax

School Divisions

Manassas City
Manassas Park
Prince William

Rappahannock Health District

608 Jackson Street
Fredericksburg, VA 22401
540-899-4797 Office
540-899-4599 Fax

School Divisions

Caroline
Fredericksburg City
King George
Spotsylvania
Stafford

Rappahannock/Rapidan Health District

640 Laurel Street
Culpeper, VA 22701-3993
540-829-7350 Office
540-829-7345 Fax

School Divisions

Culpeper
Fauquier
Madison
Orange
Rappahannock

Richmond City Health District

900 E. Marshall Street, 3rd floor
Richmond, VA 232l9
804-646-3153 Office
804-646-3111 Fax

School Division

Richmond City

Roanoke City Health District

515 Eighth Street, SW
Roanoke, VA 24016
540-857-7600 Office
540-857-6987 Fax

School Division

Roanoke City

Southside Health District

434 Washington Street
P. O. Box 560
Boydton, VA 23917
434-738-6815 Ext. 100 Office
434-738-6295 Fax

School Divisions

Brunswick
Halifax
Lunenburg
Mecklenburg
Nottoway
Prince Edward

Thomas Jefferson Health District

1138 Rose Hill Drive-22903
P.O. Box 7546
Charlottesville, VA 22906
434-972-6219 Office
434-972-4310 Fax

School Divisions

Albemarle
Charlottesville
Fluvanna
Greene
Louisa
Nelson

Three Rivers Health District

2780 Puller Hwy, POB 415
Saluda, VA 23149
804-758-2381 Office
804-758-4828 Fax

School Divisions

Colonial Beach
Essex
Gloucester
King and Queen
King William
Lancaster
Mathews
Middlesex
Northumberland
Richmond County
Westmoreland
West Point

Virginia Beach Health District

Pembroke Corporate Center III
4452 Corporation Lane
Virginia Beach, VA 23462
757-518-2700 Office
757-518-2640 Fax

School Division

Virginia Beach City

West Piedmont Health District

295 Commonwealth Blvd.
P.O. Box 1032
Martinsville, VA 24114
276-638-2311 Office
276-638-3537 Fax

School Divisions

Franklin County
Henry County
Martinsville City
Patrick County

Western Tidewater Health District

1217 North Main Street
P.O. Box 1587
Suffolk, VA 23439-1587
757-686-4900 Office
757-925-2243 Fax

School Divisions

Franklin City
Isle of Wight
Southampton
Suffolk

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